

Calendar No. 388

107TH CONGRESS
2^D SESSION**S. 2487**

To provide for global pathogen surveillance and response.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2002

Mr. BIDEN (for himself, Mr. HELMS, Mr. KENNEDY, and Mr. FRIST) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

MAY 23, 2002

Reported by Mr. BIDEN, without amendment

A BILL

To provide for global pathogen surveillance and response.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Pathogen Sur-
5 veillance Act of 2002”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Bioterrorism poses a grave national security
2 threat to the United States. The insidious nature of
3 the threat, the likely delayed recognition in the event
4 of an attack, and the underpreparedness of the do-
5 mestic public health infrastructure may produce cat-
6 astrophic consequences following a biological weap-
7 ons attack upon the United States.

8 (2) A contagious pathogen engineered as a bio-
9 logical weapon and developed, tested, produced, or
10 released in another country can quickly spread to
11 the United States. Given the realities of inter-
12 national travel, trade, and migration patterns, a
13 dangerous pathogen released anywhere in the world
14 can spread to United States territory in a matter of
15 days, before any effective quarantine or isolation
16 measures can be implemented.

17 (3) To effectively combat bioterrorism and en-
18 sure that the United States is fully prepared to pre-
19 vent, diagnose, and contain a biological weapons at-
20 tack, measures to strengthen the domestic public
21 health infrastructure and improve domestic surveil-
22 lance and monitoring, while absolutely essential, are
23 not sufficient.

24 (4) The United States should enhance coopera-
25 tion with the World Health Organization, regional

1 health organizations, and individual countries to help
2 detect and quickly contain infectious disease out-
3 breaks or bioterrorism agents before they can
4 spread.

5 (5) The World Health Organization (WHO) has
6 done an impressive job in monitoring infectious dis-
7 ease outbreaks around the world, particularly with
8 the establishment in April 2000 of the Global Out-
9 break Alert and Response network.

10 (6) The capabilities of the World Health Orga-
11 nization are inherently limited in that its disease
12 surveillance and monitoring is only as good as the
13 data and information the World Health Organization
14 receives from member countries and are further lim-
15 ited by the narrow range of diseases (plague, chol-
16 era, and yellow fever) upon which its disease surveil-
17 lance and monitoring is based, and the consensus
18 process used by the World Health Organization to
19 add new diseases to the list. Developing countries in
20 particular often cannot devote the necessary re-
21 sources to build and maintain public health infra-
22 structures.

23 (7) In particular, developing countries could
24 benefit from—

1 (A) better trained public health profes-
2 sionals and epidemiologists to recognize disease
3 patterns;

4 (B) appropriate laboratory equipment for
5 diagnosis of pathogens;

6 (C) disease reporting that is based on
7 symptoms and signs (known as “syndrome sur-
8 veillance”) enabling the earliest possible oppor-
9 tunity to conduct an effective response;

10 (D) a narrowing of the existing technology
11 gap in syndrome surveillance capabilities, based
12 on reported symptoms, and real-time informa-
13 tion dissemination to public health officials; and

14 (E) appropriate communications equip-
15 ment and information technology to efficiently
16 transmit information and data within national
17 and regional health networks, including inex-
18 pensive, Internet-based Geographic Information
19 Systems (GIS) for early recognition and diag-
20 nosis of diseases.

21 (8) An effective international capability to mon-
22 itor and quickly diagnose infectious disease out-
23 breaks will offer dividends not only in the event of
24 biological weapons development, testing, production,
25 and attack, but also in the more likely cases of natu-

1 rally occurring infectious disease outbreaks that
2 could threaten the United States. Furthermore, a
3 robust surveillance system will serve to deter ter-
4 rorist use of biological weapons, as early detection
5 will help mitigate the intended effects of such malev-
6 olent uses.

7 (b) PURPOSE.—The purposes of this Act are as fol-
8 lows:

9 (1) To enhance the capability of the inter-
10 national community, through the World Health Or-
11 ganization and individual countries, to detect, iden-
12 tify, and contain infectious disease outbreaks, wheth-
13 er the cause of those outbreaks is intentional human
14 action or natural in origin.

15 (2) To enhance the training of public health
16 professionals and epidemiologists from eligible devel-
17 oping countries in advanced Internet-based syn-
18 drome surveillance systems, in addition to traditional
19 epidemiology methods, so that they may better de-
20 tect, diagnose, and contain infectious disease out-
21 breaks, especially those due to pathogens most likely
22 to be used in a biological weapons attack.

23 (3) To provide assistance to developing coun-
24 tries to purchase appropriate public health labora-

1 tory equipment necessary for infectious disease sur-
2 veillance and diagnosis.

3 (4) To provide assistance to developing coun-
4 tries to purchase appropriate communications equip-
5 ment and information technology, including appro-
6 priate computer equipment and Internet connectivity
7 mechanisms, to facilitate the exchange of Geographic
8 Information Systems-based syndrome surveillance
9 information and to effectively gather, analyze, and
10 transmit public health information for infectious dis-
11 ease surveillance and diagnosis.

12 (5) To make available greater numbers of
13 United States Government public health profes-
14 sionals to international health organizations, re-
15 gional health networks, and United States diplo-
16 matic missions where appropriate.

17 (6) To establish “lab-to-lab” cooperative rela-
18 tionships between United States public health lab-
19 oratories and established foreign counterparts.

20 (7) To expand the training and outreach activi-
21 ties of overseas United States laboratories, including
22 Centers for Disease Control and Prevention and De-
23 partment of Defense entities, to enhance the public
24 health capabilities of developing countries.

1 (8) To provide appropriate technical assistance
2 to existing regional health networks and, where ap-
3 propriate, seed money for new regional networks.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (1) **ELIGIBLE DEVELOPING COUNTRY.**—The
7 term “eligible developing country” means any devel-
8 oping country that—

9 (A) has agreed to the objective of fully
10 complying with requirements of the World
11 Health Organization on reporting public health
12 information on outbreaks of infectious diseases;

13 (B) has not been determined by the Sec-
14 retary, for purposes of section 40 of the Arms
15 Export Control Act (22 U.S.C. 2780), section
16 620A of the Foreign Assistance Act of 1961
17 (22 U.S.C. 2371), or section 6(j) of the Export
18 Administration Act of 1979 (50 U.S.C. App.
19 2405), to have repeatedly provided support for
20 acts of international terrorism, unless the Sec-
21 retary exercises a waiver certifying that it is in
22 the national interest of the United States to
23 provide assistance under the provisions of this
24 Act; and

1 (C) is a state party to the Biological
2 Weapons Convention.

3 (2) ELIGIBLE NATIONAL.—The term “eligible
4 national” means any citizen or national of an eligible
5 developing country who does not have a criminal
6 background, who is not on any immigration or other
7 United States watch list, and who is not affiliated
8 with any foreign terrorist organization.

9 (3) INTERNATIONAL HEALTH ORGANIZATION.—
10 The term “international health organization” in-
11 cludes the World Health Organization and the Pan
12 American Health Organization.

13 (4) LABORATORY.—The term “laboratory”
14 means a facility for the biological, microbiological,
15 serological, chemical, immuno-hematological,
16 hematological, biophysical, cytological, pathological,
17 or other examination of materials derived from the
18 human body for the purpose of providing informa-
19 tion for the diagnosis, prevention, or treatment of
20 any disease or impairment of, or the assessment of
21 the health of, human beings.

22 (5) SECRETARY.—Unless otherwise provided,
23 the term “Secretary” means the Secretary of State.

24 (6) SELECT AGENT.—The term “select agent”
25 has the meaning given such term for purposes of

1 section 72.6 of title 42, Code of Federal Regula-
2 tions.

3 (7) SYNDROME SURVEILLANCE.—The term
4 “syndrome surveillance” means the recording of
5 symptoms (patient complaints) and signs (derived
6 from physical examination) combined with simple ge-
7 ographic locators to track the emergence of a disease
8 in a population.

9 **SEC. 4. PRIORITY FOR CERTAIN COUNTRIES.**

10 Priority in the provision of United States assistance
11 for eligible developing countries under all the provisions
12 of this Act shall be given to those countries that permit
13 personnel from the World Health Organization and the
14 Centers for Disease Control and Prevention to investigate
15 outbreaks of infectious diseases on their territories.

16 **SEC. 5. RESTRICTION.**

17 Notwithstanding any other provision of this Act, no
18 foreign nationals participating in programs authorized
19 under this Act shall have access, during the course of such
20 participation, to select agents that may be used as, or in,
21 a biological weapon, except in a supervised and controlled
22 setting.

23 **SEC. 6. FELLOWSHIP PROGRAM.**

24 (a) ESTABLISHMENT.—There is established a fellow-
25 ship program (in this section referred to as the “pro-

1 gram”) under which the Secretary, in consultation with
 2 the Secretary of Health and Human Services, and, subject
 3 to the availability of appropriations, award fellowships to
 4 eligible nationals of developing countries to pursue public
 5 health education or training, as follows:

6 (1) MASTER OF PUBLIC HEALTH DEGREE.—

7 Graduate courses of study leading to a master of
 8 public health degree with a concentration in epidemi-
 9 ology from an institution of higher education in the
 10 United States with a Center for Public Health Pre-
 11 paredness, as determined by the Centers for Disease
 12 Control and Prevention.

13 (2) ADVANCED PUBLIC HEALTH EPIDEMIOLOGY

14 TRAINING.—Advanced public health training in epi-
 15 demiology for public health professionals from eligi-
 16 ble developing countries to be carried out at the
 17 Centers for Disease Control and Prevention (or
 18 equivalent State facility), or other Federal facility
 19 (excluding the Department of Defense or United
 20 States National Laboratories), for a period of not
 21 less than 6 months or more than 12 months.

22 (b) SPECIALIZATION IN BIOTERRORISM.—In addition
 23 to the education or training specified in subsection (a),
 24 each recipient of a fellowship under this section (in this
 25 section referred to as a “fellow”) may take courses of

1 study at the Centers for Disease Control and Prevention
2 or at an equivalent facility on diagnosis and containment
3 of likely bioterrorism agents.

4 (c) FELLOWSHIP AGREEMENT.—

5 (1) IN GENERAL.—In awarding a fellowship
6 under the program, the Secretary, in consultation
7 with the Secretary of Health and Human Services,
8 shall require the recipient to enter into an agree-
9 ment under which, in exchange for such assistance,
10 the recipient—

11 (A) will maintain satisfactory academic
12 progress (as determined in accordance with reg-
13 ulations issued by the Secretary and confirmed
14 in regularly scheduled updates to the Secretary
15 from the institution providing the education or
16 training on the progress of the recipient's edu-
17 cation or training);

18 (B) will, upon completion of such edu-
19 cation or training, return to the recipient's
20 country of nationality or last habitual residence
21 (so long as it is an eligible developing country)
22 and complete at least four years of employment
23 in a public health position in the government or
24 a nongovernmental, not-for-profit entity in that
25 country or, with the approval of the Secretary

1 and the government concerned, in an inter-
2 national health organization; and

3 (C) agrees that, if the recipient is unable
4 to meet the requirements described in subpara-
5 graph (A) or (B), the recipient will reimburse
6 the United States for the value of the assist-
7 ance provided to the recipient under the fellow-
8 ship, together with interest at a rate deter-
9 mined in accordance with regulations issued by
10 the Secretary but not higher than the rate gen-
11 erally applied in connection with other Federal
12 loans.

13 (2) WAIVERS.—The Secretary may waive the
14 application of paragraph (1)(B) and (1)(C) if the
15 Secretary determines that it is in the national inter-
16 est of the United States to do so.

17 (d) IMPLEMENTATION.—The Secretary, in consulta-
18 tion with the Secretary of Health and Human Services,
19 is authorized to enter into an agreement with any eligible
20 developing country under which the developing country
21 agrees—

22 (1) to establish a procedure for the nomination
23 of eligible nationals for fellowships under this sec-
24 tion;

1 (2) to guarantee that a fellow will be offered a
 2 professional public health position within the devel-
 3 oping country upon completion of his studies; and

4 (3) to certify to the Secretary when a fellow has
 5 concluded the minimum period of employment in a
 6 public health position required by the fellowship
 7 agreement, with an explanation of how the require-
 8 ment was met.

9 (e) PARTICIPATION OF UNITED STATES CITIZENS.—

10 On a case-by-case basis, the Secretary may provide for the
 11 participation of United States citizens under the provi-
 12 sions of this section if the Secretary determines that it
 13 is in the national interest of the United States to do so.
 14 Upon completion of such education or training, a United
 15 States recipient shall complete at least five years of em-
 16 ployment in a public health position in an eligible devel-
 17 oping country or the World Health Organization.

18 **SEC. 7. IN-COUNTRY TRAINING IN LABORATORY TECH-**
 19 **NIQUES AND SYNDROME SURVEILLANCE.**

20 (a) IN GENERAL.—In conjunction with the Centers
 21 for Disease Control and Prevention and the Department
 22 of Defense, the Secretary shall, subject to the availability
 23 of appropriations, support short training courses in-coun-
 24 try (not in the United States) to laboratory technicians
 25 and other public health personnel (who are eligible per-

1 sons) from developing countries in laboratory techniques
2 relating to the identification, diagnosis, and tracking of
3 pathogens responsible for possible infectious disease out-
4 breaks. Training under this section may be conducted in
5 overseas facilities of the Centers for Disease Control and
6 Prevention or in Overseas Medical Research Units of the
7 Department of Defense, as appropriate. The Secretary
8 shall coordinate such training courses, where appropriate,
9 with the existing programs and activities of the World
10 Health Organization.

11 (b) TRAINING IN SYNDROME SURVEILLANCE.—In
12 conjunction with the Centers for Disease Control and Pre-
13 vention and the Department of Defense, the Secretary
14 shall, subject to the availability of appropriations, estab-
15 lish and support short training courses in-country (not in
16 the United States) for health care providers and other
17 public health personnel from eligible developing countries
18 in techniques of syndrome surveillance reporting and rapid
19 analysis of syndrome information using Geographic Infor-
20 mation System (GIS) tools. Training under this subsection
21 may be conducted via the Internet or in appropriate facili-
22 ties as determined by the Secretary. The Secretary shall
23 coordinate such training courses, where appropriate, with
24 the existing programs and activities of the World Health
25 Organization.

1 **SEC. 8. ASSISTANCE FOR THE PURCHASE AND MAINTENANCE OF PUBLIC HEALTH LABORATORY**
2 **EQUIPMENT.**
3

4 (a) **AUTHORIZATION.**—The President is authorized,
5 on such terms and conditions as the President may deter-
6 mine, to furnish assistance to eligible developing countries
7 to purchase and maintain public health laboratory equip-
8 ment described in subsection (b).

9 (b) **EQUIPMENT COVERED.**—Equipment described in
10 this subsection is equipment that is—

11 (1) appropriate, where possible, for use in the
12 intended geographic area;

13 (2) necessary to collect, analyze, and identify
14 expeditiously a broad array of pathogens, including
15 mutant strains, which may cause disease outbreaks
16 or may be used as a biological weapon;

17 (3) compatible with general standards set forth
18 by the World Health Organization and, as appro-
19 priate, the Centers for Disease Control and Preven-
20 tion, to ensure interoperability with regional and
21 international public health networks; and

22 (4) not defense articles, defense services, or
23 training as defined under the Arms Export Control
24 Act.

25 (c) **RULE OF CONSTRUCTION.**—Nothing in this sec-
26 tion shall be construed to exempt the exporting of goods

1 and technology from compliance with applicable provisions
2 of the Export Administration Act of 1979 (or successor
3 statutes).

4 (d) LIMITATION.—Amounts appropriated to carry
5 out this section shall not be made available for the pur-
6 chase from a foreign country of equipment that, if made
7 in the United States, would be subject to the Arms Export
8 Control Act or likely be barred or subject to special condi-
9 tions under the Export Administration Act of 1979 (or
10 successor statutes).

11 (e) PROCUREMENT PREFERENCE.—In the use of
12 grant funds authorized under subsection (a), preference
13 should be given to the purchase of equipment of United
14 States manufacture. The use of amounts appropriated to
15 carry out this section shall be subject to section 604 of
16 the Foreign Assistance Act of 1961.

17 (f) HOST COUNTRY'S COMMITMENTS.—The assist-
18 ance provided under this section shall be contingent upon
19 the host country's commitment to provide the resources,
20 infrastructure, and other assets required to house, main-
21 tain, support, secure, and maximize use of this equipment
22 and appropriate technical personnel.

1 **SEC. 9. ASSISTANCE FOR IMPROVED COMMUNICATION OF**
2 **PUBLIC HEALTH INFORMATION.**

3 (a) ASSISTANCE FOR PURCHASE OF COMMUNICATION
4 EQUIPMENT AND INFORMATION TECHNOLOGY.—The
5 President is authorized to provide, on such terms and con-
6 ditions as the President may determine, assistance to eligi-
7 ble developing countries for the purchase and maintenance
8 of communications equipment and information technology
9 described in subsection (b), and supporting equipment,
10 necessary to effectively collect, analyze, and transmit pub-
11 lic health information.

12 (b) COVERED EQUIPMENT.—Equipment described in
13 this subsection is equipment that—

14 (1) is suitable for use under the particular con-
15 ditions of the area of intended use;

16 (2) meets appropriate World Health Organiza-
17 tion standards to ensure interoperability with like
18 equipment of other countries and international orga-
19 nizations; and

20 (3) is not defense articles, defense services, or
21 training as defined under the Arms Export Control
22 Act.

23 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
24 tion shall be construed to exempt the exporting of goods
25 and technology from compliance with applicable provisions

1 of the Export Administration Act of 1979 (or successor
2 statutes).

3 (d) LIMITATION.—Amounts appropriated to carry
4 out this section shall not be made available for the pur-
5 chase from a foreign country of equipment that, if made
6 in the United States, would be subject to the Arms Export
7 Control Act or likely be barred or subject to special condi-
8 tions under the Export Administration Act of 1979 (or
9 successor statutes).

10 (e) PROCUREMENT PREFERENCE.—In the use of
11 grant funds under subsection (a), preference should be
12 given to the purchase of communications (and information
13 technology) equipment of United States manufacture. The
14 use of amounts appropriated to carry out this section shall
15 be subject to section 604 of the Foreign Assistance Act
16 of 1961.

17 (f) ASSISTANCE FOR STANDARDIZATION OF REPORT-
18 ING.—The President is authorized to provide, on such
19 terms and conditions as the President may determine,
20 technical assistance and grant assistance to international
21 health organizations (including regional international
22 health organizations) to facilitate standardization in the
23 reporting of public health information between and among
24 developing countries and international health organiza-
25 tions.

1 (g) HOST COUNTRY'S COMMITMENTS.—The assist-
2 ance provided under this section shall be contingent upon
3 the host country's commitment to provide the resources,
4 infrastructure, and other assets required to house, sup-
5 port, maintain, secure, and maximize use of this equip-
6 ment and appropriate technical personnel.

7 **SEC. 10. ASSIGNMENT OF PUBLIC HEALTH PERSONNEL TO**
8 **UNITED STATES MISSIONS AND INTER-**
9 **NATIONAL ORGANIZATIONS.**

10 (a) IN GENERAL.—Upon the request of a United
11 States chief of diplomatic mission or an international
12 health organization, and with the concurrence of the Sec-
13 retary of State, the head of a Federal agency may assign
14 to the respective United States mission or organization
15 any officer or employee of the agency occupying a public
16 health position within the agency for the purpose of en-
17 hancing disease and pathogen surveillance efforts in devel-
18 oping countries.

19 (b) REIMBURSEMENT.—The costs incurred by a Fed-
20 eral agency by reason of the detail of personnel under sub-
21 section (a) may be reimbursed to that agency out of the
22 applicable appropriations account of the Department of
23 State if the Secretary determines that the relevant agency
24 may otherwise be unable to assign such personnel on a
25 non-reimbursable basis.

1 **SEC. 11. LABORATORY-TO-LABORATORY EXCHANGE PRO-**
2 **GRAM.**

3 (a) **AUTHORITY.**—The head of a Federal agency, with
4 the concurrence of the Secretary, is authorized to provide
5 by grant, contract, or otherwise for educational exchanges
6 by financing educational activities—

7 (1) of United States public health personnel in
8 approved public health and research laboratories in
9 eligible developing countries; and

10 (2) of public health personnel of eligible devel-
11 oping countries in United States public health and
12 research laboratories.

13 (b) **APPROVED PUBLIC HEALTH LABORATORIES DE-**
14 **FINED.**—In this section, the term “approved public health
15 and research laboratories” means non-United States Gov-
16 ernment affiliated public health laboratories that the Sec-
17 retary determines are well-established and have a dem-
18 onstrated record of excellence.

19 **SEC. 12. EXPANSION OF CERTAIN UNITED STATES GOVERN-**
20 **MENT LABORATORIES ABROAD.**

21 (a) **IN GENERAL.**—Subject to the availability of ap-
22 propriations, the Centers for Disease Control and Preven-
23 tion and the Department of Defense shall each—

24 (1) increase the number of personnel assigned
25 to laboratories of the Centers or the Department, as
26 appropriate, located in eligible developing countries

1 that conduct research and other activities with re-
2 spect to infectious diseases; and

3 (2) expand the operations of those laboratories,
4 especially with respect to the implementation of on-
5 site training of foreign nationals and activities af-
6 fecting neighboring countries.

7 (b) COOPERATION AND COORDINATION BETWEEN
8 LABORATORIES.—Subsection (a) shall be carried out in
9 such a manner as to foster cooperation and avoid dupli-
10 cation between and among laboratories.

11 (c) RELATION TO CORE MISSIONS AND SECURITY.—
12 The expansion of the operations of overseas laboratories
13 of the Centers or the Department under this section shall
14 not—

15 (1) detract from the established core missions
16 of the laboratories; or

17 (2) compromise the security of those labora-
18 tories, as well as their research, equipment, exper-
19 tise, and materials.

20 **SEC. 13. ASSISTANCE FOR REGIONAL HEALTH NETWORKS**
21 **AND EXPANSION OF FOREIGN EPIDEMI-**
22 **LOGY TRAINING PROGRAMS.**

23 (a) AUTHORITY.—The President is authorized, on
24 such terms and conditions as the President may deter-
25 mine, to provide assistance for the purposes of—

1 (1) enhancing the surveillance and reporting ca-
2 pabilities for the World Health Organization and ex-
3 isting regional health networks; and

4 (2) developing new regional health networks.

5 (b) EXPANSION OF FOREIGN EPIDEMIOLOGY TRAIN-
6 ING PROGRAMS.—The Secretary of Health and Human
7 Services is authorized to establish new country or regional
8 Foreign Epidemiology Training Programs in eligible devel-
9 oping countries.

10 **SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

11 (a) AUTHORIZATION OF APPROPRIATIONS.—

12 (1) IN GENERAL.—Subject to subsection (c),
13 there are authorized to be appropriated \$70,000,000
14 for the fiscal year 2003 and \$80,000,000 for fiscal
15 year 2004, to carry out this Act.

16 (2) ALLOCATION OF FUNDS.—Of the amounts
17 made available under paragraph (1)—

18 (A) \$50,000,000 for the fiscal year 2003
19 and \$50,000,000 for the fiscal year 2004 are
20 authorized to be available to carry out sections
21 6, 7, 8, and 9;

22 (B) not more than \$2,000,000 shall be
23 available for each of the fiscal years 2003 and
24 2004 for the specific training programs author-
25 ized in section 6, of which not more than

1 \$500,000 shall be available to carry out sub-
2 section (a)(1) of such section and not more
3 than \$1,500,000 shall be available to carry out
4 subsection (a)(2) of such section;

5 (C) \$5,000,000 for the fiscal year 2003
6 and \$5,000,000 for the fiscal year 2004 are au-
7 thorized to be available to carry out section 10;

8 (D) \$2,000,000 for the fiscal year 2003
9 and \$2,000,000 for the fiscal year 2004 are au-
10 thorized to be available to carry out section 11;

11 (E) \$8,000,000 for the fiscal year 2003
12 and \$18,000,000 for the fiscal year 2004 are
13 authorized to be available to carry out section
14 12; and

15 (F) \$5,000,000 for the fiscal year 2003
16 and \$5,000,000 for the fiscal year 2004 are au-
17 thorized to be available to carry out section 13.

18 (b) AVAILABILITY OF FUNDS.—The amount appro-
19 priated pursuant to subsection (a) is authorized to remain
20 available until expended.

21 (c) REPORTING REQUIREMENT.—

22 (1) REPORT.—Not later than 90 days after the
23 date of enactment of this Act, the Secretary shall
24 submit a report, in conjunction with the Secretary of

1 Health and Human Services and the Secretary of
2 Defense, containing—

3 (A) a description of the implementation of
4 programs under this Act; and

5 (B) an estimate of the level of funding re-
6 quired to carry out those programs at a suffi-
7 cient level.

8 (2) LIMITATION ON OBLIGATION OF FUNDS.—

9 Not more than 10 percent of the amount appro-
10 priated pursuant to subsection (a) may be obligated
11 before the date on which a report is submitted, or
12 required to be submitted, whichever first occurs,
13 under paragraph (1).

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